

PERMIT NUMBER \_\_\_\_\_  
DEVELOPMENT PERMIT \_\_\_\_\_  
DRIVEWAY PERMIT \_\_\_\_\_

DATE \_\_\_\_\_  
LOCATE OR RELOCATE MOBILE HOME PERMIT \_\_\_\_\_  
911 ADDRESS \_\_\_\_\_ DATE ASSIGNED \_\_\_\_\_

RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ MINING OR SPECIALTY \_\_\_\_\_ PROPERTY ID: \_\_\_\_\_

LANDOWNER/PURCHASER: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR/TRANSPORTER/SELLER: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH DEPT SEPTIC PERMIT NO: OSC \_\_\_\_\_ EXISTING PERMIT: YES \_\_\_\_\_ NO \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ NO: 150- \_\_\_\_\_

TO YOUR KNOWLEDGE IS THE PROPERTY LOCATED IN A FLOOD ZONE AREA: YES \_\_\_\_\_ NO \_\_\_\_\_ IS THERE A BODY OF WATER WITHIN 500 FT: YES \_\_\_\_\_ NO \_\_\_\_\_

**DRIVEWAY** COUNTY ROAD BEING ACCESSED: \_\_\_\_\_ TYPE OF VEHICLE TO UTILIZE DRIVEWAY: \_\_\_\_\_

**DEVELOPMENT** RESIDENCE \_\_\_\_\_ OUTBUILDING \_\_\_\_\_ NEW \_\_\_\_\_ ADDITION \_\_\_\_\_ NUMBER OF SEPARATE STRUCTURES TO BE BUILT \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_ APPROXIMATE SQUARE FOOTAGE: \_\_\_\_\_ ESTIMATED COMPLETION/MOVE DATE: \_\_\_\_\_

**MOBILE HOME** NEW: \_\_\_\_\_ USED: \_\_\_\_\_ YEAR MODEL: \_\_\_\_\_ INSPECTION: YES \_\_\_\_\_ NO \_\_\_\_\_ ESTIMATED MOVE DATE: \_\_\_\_\_

MH SERIAL NO: \_\_\_\_\_ DEALER/SELLER: \_\_\_\_\_

**911** RESIDENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

LOCATION/DESCRIPTION OF PROPERTY (ROAD, LOT #, Etc.): \_\_\_\_\_ USE OF LAND (RESIDENCE, HUNTING, Etc.): \_\_\_\_\_

ASSIGNED E-911 ADDRESS \_\_\_\_\_ BY: \_\_\_\_\_

NOTE: CODE ENFORCEMENT PERSONNEL WILL CONDUCT FIELD INSPECTION

I hereby certify all the information provided is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: FILING OF THIS DOUCMENT WILL CREATE A REVIEW OF THE COUNTY'S VALUATION OF THE PROPERTY. REASONABLE NOTICE IS HEREBY PROVIDED THAT AN ONSITE INSPECTION BY A MEMBER OF THE COUNTY APPRAISAL STAFF MAY BE REQUIRED.

## COUNTY USE ONLY

FLOOD PLAIN Yes \_\_\_\_\_ No \_\_\_\_\_ APPROVED YES \_\_\_\_\_ NO \_\_\_\_\_ ADDENDUMS YES \_\_\_\_\_ NO \_\_\_\_\_ NO. OF PAGES \_\_\_\_\_

COMMENTS: \_\_\_\_\_

APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_